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**To:** Examiner Daniel St. Cyr      **Group/Art Unit:** 2876  
**Fax:** 703-308-7721      **Pages:** 12  
**From:** James D. Ryndak      **DATE:** February 11, 2003  
**Re:** U.S. Application No. 09/781,755      **Atty Docket No.:** 40091-10018

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

• **Comments:** Please see attached Amendment B.


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P1B/REV01

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. <b>40091-10018</b>		
Applicant(s): <b>David Cox</b>					
Serial No. <b>09/781,755</b>	Filing Date <b>February 12, 2001</b>	Examiner <b>Daniel St. Cyr</b>	Group Art Unit <b>2876</b>		
Invention: <b>VERIFICATION SYSTEM FOR THE PURCHASE OF A RETAIL ITEM AND METHOD OF USING SAME</b>					
<u><b>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0503</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
Signature  <b>James D. Ryndak</b> Reg. No. 28,754 <b>RYNDAK &amp; SURI</b> 30 N. LaSalle Street, Suite 2630 Chicago, IL 60602 312 214-7770 (phone) 312 214-7715 (fax)			Dated: <b>February 11, 2003</b> <div style="text-align: right;"> <b>FAX RECEIVED</b>  <b>FEB 11 2003</b>  <b>TECHNOLOGY CENTER 2800</b> </div>		
CC:			<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.           Signature of Person Mailing Correspondence           Typed or Printed Name of Person Mailing Correspondence       </div>		